

1794

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

1. County Cochise
District Pittsleville

BUREAU OF VITAL STATISTICS

State Index - No. 48
County Registrar's - No. 494
Local Registrar's - No. _____

ORIGINAL CERTIFICATE OF DEATH

Town or City _____ No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Emiliano Chavez

(a) Residence. No. Pittsleville St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR or RACE Mexican 5. SINGLE, MARRIED, WIDOWED or DIVORCED Single
(Write the word)

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day and year) Aug 8th 1922

7. AGE Years _____ Months _____ Days 7 IF LESS than 1 day _____ hrs. _____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Pittsleville
(State or country) Arizona

10. NAME OF FATHER Tevenencia Chavez

11. BIRTHPLACE OF FATHER (State or country) Mexico (city or town) _____

12. MAIDEN NAME OF MOTHER Manuela Trillo

13. BIRTHPLACE OF MOTHER (State or country) Mexico (city or town) _____

14. Informant (Address) Tevenencia Chavez
Pittsleville

15. Filed 9/25/23 Blanca Local Registrar.
Filed Oct 4, 1923 Blanca County Registrar.

V. S. No. 1 _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Sept 25 1923

17. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1923 to _____, 19____

that I last saw him alive on Sept 23, 1923

and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows: Gastric contents

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) H. Apene, M. D.
19 (Address) _____

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL

Pittsleville Cemetery

DATE OF BURIAL Sept 26 1923

20. UNDERTAKER

Porter & Ames

ADDRESS

Douglas